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	PATE	NT APPLIC		N FEE DETE	ΝC	RECORD		Applito	Proportion of Docket N	CQQ	
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE ____ OR SMALL ENTITY **FOR** NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** 345.00 690.00 OR 0 **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X39 =X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-⋖ ADDI-REMAINING NUMBER PRESENT **AMENDMENT** RATE TIONAL AFTER RATE TIONAL **PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER **PRESENT AMENDMENT** RATE AFTER. **PREVIOUSLY** TIONAL RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus *** X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI-PRESENT AMENDMENT **AFTÉR PREVIOUSLY** TIONAL RATE **EXTRA** RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= FIRST PRESENTATION OF MULTIPLE DEFENDENT CLAIM OR +130= +260= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL

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